### Deer Hollow Farm Summer Camp Intern

• Application Form •

Summer Camp Interns assist Deer Hollow Farm Wilderness Camp Staff with a variety of activities for campers ages 6-12 years old. Teach campers about the Farm, livestock and garden, lead songs and games, create arts and crafts, explore a wilderness preserve, improve your leadership skills, and have a fun summer with youth!

Summer Camp Interns must meet the following criteria:

- Able to attend a mandatory In-Service for all City of Mountain View Teen Summer Volunteers from June 4<sup>th</sup>-8<sup>th</sup>, 2018
- Able to attend the overnight Deer Hollow Farm Summer Camp Training from June 14 at 2:00 PM June 15 at 12:00 PM
- 13-17 years old this summer.
- Comfortable in a farm/wilderness environment.
- Able to commit to attending at least three weeks (minimum) of camp.
- Complete all forms (application, questionnaire, and 2 non-familial recommendations) and turn them in by Monday, April 2, 2018 at 5:00 p.m. Turn-in locations listed below.

For more information, please call Jessica Morgan, Senior Recreation Coordinator, at (650) 903-6430

or email at <a href="mailto:deerhollowfarm@mountainview.gov">deerhollowfarm@mountainview.gov</a>

#### Please take time to complete the application fully.

Have a trusted person check and double check your application for both spelling and grammar mistakes.

**Remember** >> Good applications take time to complete. Expect to work on an application for an hour or more to ensure the best quality. Please complete the application in pen.

#### Return Application and TWO Recommendations (non-familial) to:

The MV Senior Center—266 Escuela Avenue, Mountain View, CA 94040

or Deer Hollow Farm Office-Rancho San Antonio Open Space Preserve

or email a scanned copy to: deerhollowfarm@mountainview.gov

Complete application packets are due by Monday, April 2, 2018 by 5:00 p.m. No exceptions will be made.

#### CONTACT INFORMATION

Last Name:	First Name:		Middle:	
School Name:			Current Grade:	
Date of Birth:	Todays Date:			
Street Address:				
City:		State:	Zip Code:	
Your Cell:	Parent's Phone:	Parent's Phone:		
Email (required):				

Email is our preferred method of contacting you. If you do not have an email address, please create one.





### Questionnaire

Describe your experience overseeing children, for example: babysitting, child care, coaching, teaching, mentoring. How will these contribute to your performance in your volunteer assignment?
Please tell us about your present or previous volunteer experiences. What did you learn about yourself from those experiences?
What skills can you bring to Deer Hollow Farm from the activities, hobbies, or volunteering that you like to do? How do they
influence who you are?



### Questionnaire cont'd

How will the experience of being a Deer Hollow Farm Summer Camp Intern impact your future?
How did you hear about the Deer Hollow Farm Summer Camp Intern Program?
Please explain why you have chosen to apply for the Deer Hollow Farm Summer Camp Intern Program:





I understand that if accepted as a Deer Hollow Farm Sum	nmer Camp Intern
I will be between the ages of 13-17 over summer 201	8.
I am committing to a weeklong professional developm Hollow Farm Summer Camp training June 14, 2:00 PM	ment training during the week of June 4-8, 2018, and an overnight Deer
in a farm/wilderness setting, interacting with livestoc	☐ June 25—June 29, 2018 (Campers ages 6-10)  /Special Needs) ☐ July 9—13, 2018 (Campers ages 10-12) ☐ July 30—August 3, 2018 (Campers ages 6-10)  s a volunteer include interacting with youth, leading games and activities
I hereby certify that all statements made in this applicatio application. I acknowledge any false statements or misrep immediate dismissal at any time during the period of my p	on are true and I authorize investigation of all matters contained in the presentation on this application will be cause for refusal or placement or placement. I understand that it is the policy of the City of Mountain View including those with physical, mental or sensory disabilities.
Applicant's Signature:	Date:
Parent/Guardian Signature	
In consideration of participation in a class or activity offersigned, agree to indemnify and hold the City of Mountain for loss or damage, for death, personal injury, bodily injurto me against the City of Mountain View, its City Council, nected in any way with my participation in this class or ac ness on the part of the person or entities mentioned about this class or activity; knowing the risks, nevertheless, I her and to release and to hold harmless all of the persons or extensive be liable to me (or my heirs or assigns) for dam cil, employees, agents and volunteers, are not responsible further understood and agreed that this waiver, release a on me and on my heirs and assigns. I have read and agree the City of Mountain View to use my and/or my child's pational use in any City related media.	View harmless and hereby waive, release and discharge any and all claims y or property damage which I may have or which hereinafter may accrue employees, agents, and volunteers for any liability arising out of or contivity, even though that liability may arise out of negligence or carelesse. I understand that accidents and injuries can arise from participation in eby agree to assume those risks on behalf of myself, my heirs and assigns entities mentioned above who (through negligence or carelessness) might ages. Further, I understand that the City of Mountain View, its City Counterfor the personal property of the participants in the class or activity. It is not assumption of risks has been freely entered into and is to be binding to the registration and program policies. In addition, I give permission to shotograph or likeness, or that of a pet or personal property, for promo-
By my signature below, I acknowledge that I have read the	s document and understand its contents.
Parent/Guardian Signature:	Date:



#### Recommendation Form

Teen Applicants Name:						
School:				Currer	nt Grade:	
Your Name:						
Your email or phone nu	mber:					
Relationship to the App	licant:		How I	long have you known t	he applicant:	
Please rate the teen in the following areas by circling the appropriate number. Below Average		Average		Above Aver	Above Average	
Public Speaking	1	2	3	4	5	
Responsibility	1	2	3	4	5	
Motivation	1	2	3	4	5	
Leadership Capabilities	1	2	3	4	5	
Willingness to Learn	1	2	3	4	5	
Team Work	1	2	3	4	5	
Attitude	1	2	3	4	5	
Maturity	1	2	3	4	5	
Ability to Follow Directions	1	2	3	4	5	
Accepts Criticism	1	2	3	4	5	
Additional comments:			·	·	·	
I (do/do not) recomme volunteer program , De				for the Cit	ty of Mountain View teen	
Signature:					Date:	
				nior Recreation Coordi	nator,	

via email to deerhollowfarm@mountainview.gov or mail to 266 Escuela Avenue, Mountain View, CA 94040.





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Additional comments:				•	•	
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Signature:	Date:				Date:	
ı	Please send recomme	ndation form to .	Jessica Morgan, Se	nior Recreation Coordi	nator,	

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